Case 19-33561-KRH Doc 7 Filed 07/09/19 Entered 07/09/19 14:12:00 Desc Main Document Page 1 of 22

### UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF VIRGINIA

#### CHAPTER 13 PLAN AND RELATED MOTIONS

| Name of Debtor(s | Carlos Anthony Wilkins ): Shakara Sharnae Wilkins  | Case No: 19-33561-KRH |
|------------------|--|-----------------------|
| This plan, dated | <b>July 9, 2019</b> , is:  |                       |
| ]<br>[           | the <i>first</i> Chapter 13 plan filed in this case.  a modified Plan, which replaces the □ confirmed or □ unconfirmed Plan dated  Date and Time of Modified Plan Confirmation Hearing: Place of Modified Plan Confirmation Hearing: |                       |
| -                | The Plan provisions modified by this filing are:  ——  Creditors affected by this modification are:   |                       |
| 1. Notices       |  |                       |

To Creditors:

Your rights may be affected by this plan. Your claim may be reduced, modified, or eliminated. You should read this plan carefully and discuss it with your attorney if you have one in this bankruptcy case. If you do not have an attorney, you may wish to consult one.

If you oppose the plan's treatment of your claim or any provision of this plan, you or your attorney must file an objection to confirmation at least 7 days before the date set for the hearing on confirmation, unless otherwise ordered by the Bankruptcy Court.

(1) Richmond and Alexandria Divisions:

The Bankruptcy Court may confirm this plan without further notice if no objection to confirmation is filed.

- (2) Norfolk and Newport News Divisions: a confirmation hearing will be held even if no objections have been filed.
  - (a) A scheduled confirmation hearing will not be convened when:
    - (1) an amended plan is filed prior to the scheduled confirmation hearing; or
    - (2) a consent resolution to an objection to confirmation anticipates the filing of an amended plan and the objecting party removes the scheduled confirmation hearing prior to 3:00 pm on the last business day before the confirmation hearing.

In addition, you may need to file a timely proof of claim in order to be paid under any plan.

The following matters may be of particular importance.

Debtors must check one box on each line to state whether or not the plan includes each of the following items. If an item is checked as "Not Included" or if both boxes are checked, the provision will be ineffective if set out later in the plan.

| A. | A limit on the amount of a secured claim, set out in Section 4.A which may | ■ Included | ☐ Not included |
|----|--|------------|----------------|
|    | result in a partial payment or no payment at all to the secured creditor   |            |                |
| В. | Avoidance of a judicial lien or nonpossessory, nonpurchase-money           | ☐ Included | ■ Not included |
|    | security interest, set out in Section 8.A                                  |            |                |
| C. | Nonstandard provisions, set out in Part 12                                 | □ Included | ■ Not included |

2. Funding of Plan. The debtor(s) propose to pay the Trustee the sum of \$355.00 per month for 9 months, then \$1,075.00 per month for 51 months.

# Case 19-33561-KRH Doc 7 Filed 07/09/19 Entered 07/09/19 14:12:00 Desc Main Document Page 2 of 22

Other payments to the Trustee are as follows:

The total amount to be paid into the Plan is \$ 58,020.00.

- 3. **Priority Creditors.** The Trustee shall pay allowed priority claims in full unless the creditor agrees otherwise.
  - A. Administrative Claims under 11 U.S.C. § 1326.
    - 1. The Trustee will be paid the percentage fee fixed under 28 U.S.C. § 586(e), not to exceed 10% of all sums received under the plan.
    - 2. Check one box:

  - □ Debtor(s)' attorney has chosen to be compensated pursuant to Local Bankruptcy Rule 2016-1(C)(1)(c)(ii) and must submit applications for compensation as set forth in the Local Rules.
    - B. Claims under 11 U.S.C. § 507.

The following priority creditors will be paid by deferred cash payments pro rata with other priority creditors or in monthly installments as below, except that allowed claims pursuant to 11 U.S.C. § 507(a)(1) will be paid pursuant to 3.C below:

| Creditor City of Richmond - TAX | Type of Priority  Taxes and certain other debts | Estimated Claim <b>500.00</b> | Payment and Term <b>8.33</b> |
|---------------------------------|---|-------------------------------|------------------------------|
| County of Henrico               | Taxes and certain other debts                   | 1,500.00                      | 60 months<br>25.00           |
| Virginia Dept of Taxation       | Taxes and certain other debts                   | 1.00                          | 60 months<br>0.02            |
|                                 |   |                               | 48 months                    |

C. Claims under 11 U.S.C. § 507(a)(1).

The following priority creditors will be paid prior to other priority creditors but concurrently with administrative claims above.

| Creditor | Type of Priority | Estimated Claim | Payment and Term |
|----------|------------------|-----------------|------------------|
| -NONE-   |                  |                 |                  |

- 4. Secured Creditors: Motions to Value Collateral ("Cramdown"), Collateral being Surrendered, Adequate Protection Payments, and Payment of certain Secured Claims.
  - A. Motions to Value Collateral (other than claims protected from "cramdown" by 11 U.S.C. § 1322(b)(2) or by the final paragraph of 11 U.S.C. § 1325(a)). Unless a written objection is timely filed with the Court, the Court may grant the debtor(s)' motion to value collateral as set forth herein.

This section deals with valuation of certain claims secured by real and/or personal property, other than claims protected from "cramdown" by 11 U.S.C. § 1322(b)(2) [real estate which is debtor(s)' principal residence] or by the final paragraph of 11 U.S.C. § 1325(a) [motor vehicles purchased within 910 days or any other thing of value purchased within 1 year before filing bankruptcy], in which the replacement value is asserted to be less than the amount owing on the debt. Such debts will be treated as secured claims only to the extent of the replacement value of the collateral. That value will be paid with interest as provided in sub-section D of this section. You must refer to section 4(D) below to determine the interest rate, monthly payment and estimated term of repayment of any "crammed down" loan. The deficiency balance owed on such a loan will be treated as an unsecured claim to be paid only to the extent provided in section 5 of the Plan. The following secured claims are to be "crammed down" to the following values:

| Creditor<br>Loan Max           | <u>Collateral</u> 2008 Toyota Camry 215.000 miles | <u>Purchase Date</u><br>1/27/2018 | Est. Debt Bal. <b>3,500.00</b> | Replacement Value <b>2,200.00</b> |
|--------------------------------|---|-----------------------------------|--------------------------------|-----------------------------------|
| Westlake Financial<br>Services | 2008 Toyota Tundra<br>197.000 miles               | 12/28/2015                        | 7,100.00                       | 9,750.00                          |

B. Real or Personal Property to be Surrendered.

Upon confirmation of the Plan, or before, the debtor(s) will surrender his/her/their interest in the collateral securing the

### Case 19-33561-KRH Doc 7 Filed 07/09/19 Entered 07/09/19 14:12:00 Desc Main Document Page 3 of 22

claims of the following creditors in satisfaction of the secured portion of such creditors' allowed claims. To the extent that the collateral does not satisfy the claim, any timely filed deficiency claim to which the creditor is entitled may be paid as a non-priority unsecured claim. Confirmation of the Plan shall terminate the automatic stay under §§ 362(a) and 1301(a) as to the interest of the debtor(s), any co-debtor(s) and the estate in the collateral.

<u>Creditor</u> <u>Collateral Description</u> <u>Estimated Value</u> <u>Estimated Total Claim</u>

#### C. Adequate Protection Payments.

The debtor(s) propose to make adequate protection payments required by 11 U.S.C. § 1326(a) or otherwise upon claims secured by personal property, until the commencement of payments provided for in sections 4(D) and/or 7(B) of the Plan, as follows:

Creditor<br/>Westlake Financial ServicesCollateral<br/>2008 Toyota Tundra 197,000Adeq. Protection Monthly Payment<br/>35.00To Be Paid By<br/>Trustee

Any adequate protection payment upon an unexpired lease of personal property assumed by the debtor(s) pursuant to section 7(B) of the Plan shall be made by the debtor(s) as required by 11 U.S.C. § 1326(a)(1)(B) (payments coming due after the order for relief).

### D. Payment of Secured Claims on Property Being Retained (except those loans provided for in section 6 of the Plan):

This section deals with payment of debts secured by real and/or personal property [including short term obligations, judgments, tax liens and other secured debts]. After confirmation of the Plan, the Trustee will pay to the holder of each allowed secured claim, which will be either the balance owed on the indebtedness or, where applicable, the collateral's replacement value as specified in sub-section A of this section, whichever is less, with interest at the rate provided below, the monthly payment specified below until the amount of the secured claim has been paid in full. Upon confirmation of the Plan, the valuation specified in sub-section A and interest rate shown below will be binding unless a timely written objection to confirmation is filed with and sustained by the Court.

| Creditor           | <u>Collateral</u>          | Approx. Bal. of Debt or | Interest Rate | Monthly Payment & |
|--------------------|----------------------------|-------------------------|---------------|-------------------|
|                    |                            | "Crammed Down" Value    |               | Est. Term         |
| Loan Max           | 2008 Toyota Camry 215,000  | 2,200.00                | 6.5%          | Prorata           |
|                    | miles                      | •                       |               | 46months          |
| Westlake Financial | 2008 Toyota Tundra 197,000 | 7,100.00                | 6.5%          | Prorata           |
| Services           | miles                      | •                       |               | 46months          |

### E. Other Debts.

Debts which are (i) mortgage loans secured by real estate which is the debtor(s)' principal residence, or (ii) other long term obligations, whether secured or unsecured, to be continued upon the existing contract terms with any existing default in payments to be cured pursuant to 11 U.S.C. § 1322(b)(5), are provided for in section 6 of the Plan.

#### 5. Unsecured Claims.

- A. Not separately classified. Allowed non-priority unsecured claims shall be paid pro rata from any distribution remaining after disbursement to allowed secured and priority claims. Estimated distribution is approximately \_\_\_5\_\_%. The dividend percentage may vary depending on actual claims filed. If this case were liquidated under Chapter 7, the debtor(s) estimate that unsecured creditors would receive a dividend of approximately \_\_\_0\_\_%.
- B. Separately classified unsecured claims.

<u>Creditor</u> <u>Basis for Classification</u> <u>Treatment</u>

- 6. Mortgage Loans Secured by Real Property Constituting the Debtor(s)' Principal Residence; Other Long Term Payment Obligations, whether secured or unsecured, to be continued upon existing contract terms; Curing of any existing default under 11 U.S.C. § 1322(b)(5).
  - **A. Debtor(s) to make regular contract payments; arrears, if any, to be paid by Trustee.** The creditors listed below will be paid by the debtor(s) pursuant to the contract without modification, except that arrearages, if any, will be paid by the Trustee either pro rata with other secured claims or on a fixed monthly basis as indicated below, without interest unless an interest rate is designated below for interest to be paid on the arrearage claim and

# Case 19-33561-KRH Doc 7 Filed 07/09/19 Entered 07/09/19 14:12:00 Desc Main Document Page 4 of 22

such interest is provided for in the loan agreement. A default on the regular contract payments on the debtor(s) principal residence is a default under the terms of the plan.

| Creditor           | Collateral  | Regular        | Estimated_       | Arrearage     | Estimated Cure | Monthly        |
|--------------------|---|----------------|------------------|---------------|----------------|----------------|
|                    |   | Contract_      | <u>Arrearage</u> | Interest Rate | <u>Period</u>  | Arrearage      |
|                    |   | <u>Payment</u> |                  |               |                | <u>Payment</u> |
| Bank of America    | 1704 Fox Downs Court Henrico, VA 23231 Henrico County Primary Residence Parcel ID: 805-702-3569 | 1,333.83       | 32,000.00        | 0%            | 46months       | Prorata        |
| Dept of Ed/Navient | Student Loan -<br>Notice Only - \$<br>169,936.00  | 0.00           | 0.00             | 0%            | 0months        |                |
| Dept Of Ed/Nelnet  | Student Loan -<br>Notice Only - \$<br>69,039.00   | 0.00           | 0.00             | 0%            | 0months        |                |

**B.** Trustee to make contract payments and cure arrears, if any. The Trustee shall pay the creditors listed below the regular contract monthly payments that come due during the period of this Plan, and pre-petition arrearages on such debts shall be cured by the Trustee either pro rata with other secured claims or with monthly payments as set forth below.

 Creditor
 Collateral
 Regular Contract
 Estimated
 Interest Rate
 Monthly Payment on

 Payment
 Arrearage
 on Arrearage
 Arrearage
 Est. Term

-NONE-

C. Restructured Mortgage Loans to be paid fully during term of Plan. Any mortgage loan against real estate constituting the debtor(s)' principal residence upon which the last scheduled contract payment is due before the final payment under the Plan is due shall be paid by the Trustee during the term of the Plan as permitted by 11 U.S.C. § 1322(c)(2) with interest at the rate specified below as follows:

<u>Creditor</u> <u>Collateral</u> <u>Interest Rate</u> <u>Estimated Claim</u> <u>Monthly Payment & Term</u>

7. Unexpired Leases and Executory Contracts. The debtor(s) move for assumption or rejection of the executory contracts, leases and/or timeshare agreements listed below.

**A. Executory contracts and unexpired leases to be rejected.** The debtor(s) reject the following executory contracts:

Creditor Type of Contract

Progressive Leasing Rent-to-own Agreement - Reject

**B.** Executory contracts and unexpired leases to be assumed. The debtor(s) assume the following executory contracts. The debtor(s) agree to abide by all terms of the agreement. The Trustee will pay the pre-petition arrearages, if any, through payments made pro rata with other priority claims or on a fixed monthly basis as indicated below.

<u>Creditor</u> <u>Type of Contract</u> <u>Arrearage</u> <u>Monthly Payment for Estimated Cure Period</u> Arrears

-NONE-

- 8. Liens Which Debtor(s) Seek to Avoid.
  - A. The debtor(s) move to avoid liens pursuant to 11 U.S.C. § 522(f). The debtor(s) move to avoid the following judicial liens and non-possessory, non-purchase money liens that impair the debtor(s)' exemptions. Unless a written objection is timely filed with the Court, the Court may grant the debtor(s)' motion and cancel the creditor's lien. If an objection is filed, the Court will hear evidence and rule on the motion at the confirmation hearing.

# Case 19-33561-KRH Doc 7 Filed 07/09/19 Entered 07/09/19 14:12:00 Desc Main Document Page 5 of 22

<u>Creditor</u> <u>Collateral</u> <u>Exemption Basis</u> <u>Exemption Amount</u> <u>Value of Collateral</u>

**B.** Avoidance of security interests or liens on grounds other than 11 U.S.C. § 522(f). The debtor(s) have filed or will file and serve separate adversary proceedings to avoid the following liens or security interests. The creditor should review the notice or summons accompanying such pleadings as to the requirements for opposing such relief. The listing here is for information purposes only.

Creditor -NONE-

Type of Lien

Description of Collateral

Basis for Avoidance

### 9. Treatment and Payment of Claims.

- All creditors must timely file a proof of claim to receive any payment from the Trustee.
- If a claim is scheduled as unsecured and the creditor files a claim alleging the claim is secured but does not timely object to confirmation of the Plan, the creditor may be treated as unsecured for purposes of distribution under the Plan. This paragraph does not limit the right of the creditor to enforce its lien, to the extent not avoided or provided for in this case, after the debtor(s) receive a discharge.
- If a claim is listed in the Plan as secured and the creditor files a proof of claim alleging the claim is unsecured, the creditor will be treated as unsecured for purposes of distribution under the Plan.
- The Trustee may adjust the monthly disbursement amount as needed to pay an allowed secured claim in full.
- If relief from the automatic stay is ordered as to any item of collateral listed in the plan, then, unless otherwise ordered by the court, all payments as to that collateral will cease, and all secured claims based on that collateral will no longer be treated by the plan.
- Unless otherwise ordered by the Court, the amount of the creditor's total claim listed on the proof of claim controls over any contrary amounts listed in the plan.
- 10. Vesting of Property of the Estate. Property of the estate shall revest in the debtor(s) upon confirmation of the Plan.

  Notwithstanding such vesting, the debtor(s) may not transfer, sell, refinance, encumber real property or enter into a mortgage loan modification without approval of the Court after notice to the Trustee, any creditor who has filed a request for notice and other creditors to the extent required by the Local Rules of this Court.
- 11. Incurrence of indebtedness. The debtor(s) shall not voluntarily incur additional indebtedness exceeding the cumulative total of \$5,000 principal amount during the term of this Plan, whether unsecured or secured, except upon approval of the Court after notice to the Trustee, any creditor who has filed a request for notice, and other creditors to the extent required by the Local Rules of this Court.
- 12. Nonstandard Plan Provisions
  - None. If "None" is checked, the rest of Part 12 need not be completed or reproduced.

Case 19-33561-KRH Doc 7 Filed 07/09/19 Entered 07/09/19 14:12:00 Desc Main Page 6 of 22 Document July 9, 2019 Dated: /s/ Carlos Anthony Wilkins /s/ Christopher J. Flynn Christopher J. Flynn 89165 **Carlos Anthony Wilkins** Debtor 1 Debtors' Attorney /s/ Shakara Sharnae Wilkins **Shakara Sharnae Wilkins** Debtor 2 By filing this document, the Attorney for Debtor(s) or Debtor(s) themselves, if not represented by an attorney, also certify(ies) that the wording and order of the provisions in this Chapter 13 plan are identical to those contained in the Local Form Plan, other than any nonstandard provisions included in Part 12. **Exhibits:** Copy of Debtor(s)' Budget (Schedules I and J); Matrix of Parties Served with Plan Certificate of Service I certify that on July 9, 2019, I mailed a copy of the foregoing to the creditors and parties in interest on the attached Service List. /s/ Christopher J. Flynn Christopher J. Flynn 89165 Signature P.O. Box 11588 Richmond, VA 23230-1588 Address (804) 358-9900 Telephone No. CERTIFICATE OF SERVICE PURSUANT TO RULE 7004 I hereby certify that on **July 9, 2019** true copies of the forgoing Chapter 13 Plan and Related Motions were served upon the following creditor(s): Anderson Financial Services, LLC dba LoanMax VA CT Corporation System, Reg. Agent 4701 Cox Road, Suite 285 Glen Allen, VA 23060-6808 Westlake Services, Inc. CT Corporation System, Reg. Agent 4701 Cox Rd, Ste 285 Glen Allen, VA 23060 ■ by first class mail in conformity with the requirements of Rule 7004(b), Fed.R.Bankr.P.; or □ by certified mail in conformity with the requirements of Rule 7004(h), Fed.R.Bankr.P /s/ Christopher J. Flynn Christopher J. Flynn 89165 **United States Bankruptcy Court Eastern District of Virginia Carlos Anthony Wilkins** 

Debtor(s)

Shakara Sharnae Wilkins

In re

19-33561-KRH

13

Case No.

Chapter

Case 19-33561-KRH Doc 7 Filed 07/09/19 Entered 07/09/19 14:12:00 Desc Main Document Page 7 of 22

### SPECIAL NOTICE TO SECURED CREDITOR

|    | Name of     | x Road, Suite 285; Glen Allen, VA 23060-6<br>creditor   | 5000        |   |
|----|-------------|---|-------------|---|
|    | 2008 To     | yota Camry 215,000 miles  |             |   |
|    | Descript    | ion of collateral   |             |   |
| 1. | The atta    | ached chapter 13 plan filed by the debtor(s)  | proposes (  | (check one):  |
|    | •           | To value your collateral. <i>See Section 4 of</i> amount you are owed above the value of |             | Your lien will be limited to the value of the collateral, and any ral will be treated as an unsecured claim.  |
|    |             |   |             | ase money, non-possessory security interest you hold. <i>See</i> at you are owed will be treated as an unsecured claim.   |
|    | oposed rel  |   | en objectio | of how your claim is treated. The plan may be confirmed, and on by the date specified and appear at the confirmation hearing.  To another the chapter 13 trustee. |
|    |             | Date objection due:   |             | than 7 days prior to 09/25/2019   |
|    |             | Date and time of confirmation hearing:<br>Place of confirmation hearing:  |             | ber 25, 2019 11:10AM<br>road St., Rm 5000, Richmond, VA   |
|    |             | race of committation nearing.   | 701 2. 3.   |   |
|    |             |   |             | Carlos Anthony Wilkins<br>Shakara Sharnae Wilkins   |
|    |             |   |             | Name(s) of debtor(s)  |
|    |             |   | D.,,        | /s/ Christopher J. Flynn  |
|    |             |   | By:         | Christopher J. Flynn 89165  |
|    |             |   |             | Signature   |
|    |             |   |             | ■ Debtor(s)' Attorney   |
|    |             |   |             | ☐ Pro se debtor   |
|    |             |   |             | Christopher I Elypp 90465   |
|    |             |   |             | Christopher J. Flynn 89165  Name of attorney for debtor(s)  |
|    |             |   |             | P.O. Box 11588  |
|    |             |   |             | Richmond, VA 23230-1588   |
|    |             |   |             | Address of attorney [or pro se debtor]  |
|    |             |   |             | Tel. # <b>(804) 358-9900</b>  |
|    |             |   |             | Fax # <b>(804) 358-8704</b>   |
|    |             | CERTIE  | ICATE O     | OF SERVICE  |
|    |             |   |             |   |
|    | or noted at | pove by   |             | Chapter 13 Plan and Related Motions were served upon the  |
|    | first       | class mail in conformity with the requirem  | ents of Rul | le 7004(b), Fed.R.Bankr.P; or   |

on this **July 9, 2019** .

/s/ Christopher J. Flynn Christopher J. Flynn 89165

 $Signature\ of\ attorney\ for\ debtor(s)$ 

Page 7

☐ certified mail in conformity with the requirements of Rule 7004(h), Fed.R.Bankr.P

Case 19-33561-KRH Doc 7 Filed 07/09/19 Entered 07/09/19 14:12:00 Desc Main Document Page 8 of 22

Ver. 10/18

Case 19-33561-KRH Doc 7 Filed 07/09/19 Entered 07/09/19 14:12:00 Desc Main Document Page 9 of 22

### United States Bankruptcy Court Eastern District of Virginia

| In re |           | : Anthony Wilkins<br>ra Sharnae Wilkins  |  |  | Case No.   | 19-33561-KRH  |
|-------|-----------|--|--|--|--|---|
|       | - J.iuiiu |  | Debto  | or(s)  | Chapter  | 13  |
|       |           | SPECIAL NOTIO  | CE TO SE   | CUDEN CDI  | ZDITOD   |   |
| o:    | Westlak   | e Services, Inc.; CT Corporation System,   |  |  | EDITOR   |   |
| ٥.    |           | x Rd, Ste 285; Glen Allen, VA 23060  |  |  |  |   |
|       |           |  |  |  |  |   |
|       |           | yota Tundra 197,000 miles<br>ion of collateral   |  |  |  |   |
|       | The att   | ached chapter 13 plan filed by the debtor(s)   | proposes (a  | check one):  |  |   |
|       | •         | To value your collateral. <i>See Section 4 of</i> amount you are owed above the value of t   |  |  |  |   |
|       |           | To cancel or reduce a judgment lien or a resection 8 of the plan. All or a portion of  |  |  |  |   |
|       | posed rel | ould read the attached plan carefully for the ief granted, unless you file and serve a written   | <i>he details o</i> j<br>ten objectio  | n by the date  | specified and appe   | e plan may be confirmed, an                                 |
|       | posed rel | ief granted, unless you file and serve a writt<br>ojection must be served on the debtor(s), the<br>Date objection due:<br>Date and time of confirmation hearing: | ten objection attorney,  No later to September   | n by the date<br>and the chapt<br>han 7 days p<br>er 25, 2019 1  | specified and appe<br>ter 13 trustee.<br>orior to 09/25/2019<br>1:10AM   | e plan may be confirmed, an ar at the confirmation hearin   |
|       | posed rel | ief granted, unless you file and serve a writt<br>bjection must be served on the debtor(s), the<br>Date objection due:   | ten objection attorney,  No later to September   | n by the date<br>and the chapt<br>than 7 days p<br>er 25, 2019 1<br>oad St., Rm §  | specified and appe<br>ter 13 trustee.<br>prior to 09/25/2019<br>1:10AM<br>5000, Richmond, V  | e plan may be confirmed, an ar at the confirmation hearin   |
|       | posed rel | ief granted, unless you file and serve a writt<br>ojection must be served on the debtor(s), the<br>Date objection due:<br>Date and time of confirmation hearing: | ten objection attorney,  No later to September   | n by the date<br>and the chapt<br>than 7 days p<br>er 25, 2019 1<br>oad St., Rm §  | specified and appe<br>ter 13 trustee.<br>prior to 09/25/2019<br>1:10AM<br>5000, Richmond, V  | e plan may be confirmed, an ar at the confirmation hearin   |
|       | posed rel | ief granted, unless you file and serve a writt<br>ojection must be served on the debtor(s), the<br>Date objection due:<br>Date and time of confirmation hearing: | ten objection attorney,  No later to September   | chan 7 days per 25, 2019 1 oad St., Rm 5  Carlos Anti Shakara Sh  Name(s) of Christophe  | specified and appe<br>ter 13 trustee.<br>prior to 09/25/2019<br>1:10AM<br>5000, Richmond, V  | e plan may be confirmed, an ar at the confirmation hearin   |
|       | posed rel | ief granted, unless you file and serve a writt<br>ojection must be served on the debtor(s), the<br>Date objection due:<br>Date and time of confirmation hearing: | he details of<br>ten objection<br>eir attorney,<br>No later to<br>September<br>701 E. Br | n by the date and the chapted than 7 days per 25, 2019 1 oad St., Rm 5  Carlos Anti Shakara Sh | specified and appeter 13 trustee.  prior to 09/25/2019 1:10AM 5000, Richmond, Nony Wilkins harnae Wilkins debtor(s) Oher J. Flynn r J. Flynn 89165   | e plan may be confirmed, an ar at the confirmation hearin   |
|       | posed rel | ief granted, unless you file and serve a writt<br>ojection must be served on the debtor(s), the<br>Date objection due:<br>Date and time of confirmation hearing: | he details of<br>ten objection<br>eir attorney,<br>No later to<br>September<br>701 E. Br | chan 7 days per 25, 2019 1 oad St., Rm 5  Carlos Anti Shakara Sh  Name(s) of Christophe  Signature   | specified and appeter 13 trustee.  prior to 09/25/2019 1:10AM 5000, Richmond, Very Wilkins Marnae Wilkins debtor(s) beher J. Flynn or J. Flynn 89165   | e plan may be confirmed, an ar at the confirmation hearin   |
|       | posed rel | ief granted, unless you file and serve a writt<br>ojection must be served on the debtor(s), the<br>Date objection due:<br>Date and time of confirmation hearing: | he details of<br>ten objection<br>eir attorney,<br>No later to<br>September<br>701 E. Br | n by the date and the chapter  | specified and appeter 13 trustee.  prior to 09/25/2019 1:10AM 5000, Richmond, Notes of the second se | e plan may be confirmed, an ar at the confirmation hearin   |
|       | posed rel | ief granted, unless you file and serve a writt<br>ojection must be served on the debtor(s), the<br>Date objection due:<br>Date and time of confirmation hearing: | he details of<br>ten objection<br>eir attorney,<br>No later to<br>September<br>701 E. Br | n by the date and the chapter  | specified and appeter 13 trustee.  prior to 09/25/2019 1:10AM 5000, Richmond, Notes are Wilkins are Wilkins debtor(s)  pher J. Flynn T. J. Flynn 89165  orney for debtor(s)  | e plan may be confirmed, an ar at the confirmation hearing. |
|       | posed rel | ief granted, unless you file and serve a writt<br>ojection must be served on the debtor(s), the<br>Date objection due:<br>Date and time of confirmation hearing: | he details of<br>ten objection<br>eir attorney,<br>No later to<br>September<br>701 E. Br | han 7 days per 25, 2019 1 oad St., Rm 5  Carlos Anti Shakara Sh Name(s) of Christophe Signature  Debtor(s) Pro se deb  Christophe Name of atte P.O. Box 11 Richmond,   | specified and appeter 13 trustee.  prior to 09/25/2019 1:10AM 5000, Richmond, Notes of the prior | e plan may be confirmed, an ar at the confirmation hearin   |
|       | posed rel | ief granted, unless you file and serve a writt<br>ojection must be served on the debtor(s), the<br>Date objection due:<br>Date and time of confirmation hearing: | he details of<br>ten objection<br>eir attorney,<br>No later to<br>September<br>701 E. Br | han 7 days per 25, 2019 1 oad St., Rm 5  Carlos Anti Shakara Sh Name(s) of Christophe Signature  Debtor(s) Pro se deb  Christophe Name of atte P.O. Box 11 Richmond,   | specified and appeter 13 trustee.  prior to 09/25/2019 1:10AM 5000, Richmond, Notes of the prior wilkins of the pr | e plan may be confirmed, an ar at the confirmation hearin   |

### Case 19-33561-KRH Doc 7 Filed 07/09/19 Entered 07/09/19 14:12:00 Desc Main Document Page 10 of 22

### CERTIFICATE OF SERVICE

I hereby certify that true copies of the foregoing Notice and attached Chapter 13 Plan and Related Motions were served upon the creditor noted above by

■ first class mail in conformity with the requirements of Rule 7004(b), Fed.R.Bankr.P; or

☐ certified mail in conformity with the requirements of Rule 7004(h), Fed.R.Bankr.P

on this **July 9, 2019** .

Isl Christopher J. Flynn
Christopher J. Flynn 89165
Signature of attorney for debtor(s)

Ver. 10/18

#### Case 19-33561-KRH Doc 7 Filed 07/09/19 Entered 07/09/19 14:12:00 Desc Main Document Page 11 of 22

|             |   |                            |  | _   |   |
|-------------|---|----------------------------|--|---|---|
|             | I in this information to identify your o  |                            |  |   |   |
| De          | ebtor 1 Carlos Anth   | ony Wilkins                |  |   |   |
| 1 -         | ebtor 2 Shakara Shouse, if filing)  | arnae Wilkins              |  |   |   |
| Un          | nited States Bankruptcy Court for the   | EASTERN DISTRICT           | OF VIRGINIA  |   |   |
| (If k       | 19-33561-KRH  Official Form 106I  |                            | -  | 13 income a                                 | nt showing postpetition chapter as of the following date:       |
|             | chedule I: Your Inc   | omo                        |  | MM / DD/ Y                                  | YYY<br><b>12/15</b>   |
| spc<br>atta | polying correct information. If you buse. If you are separated and you ach a separate sheet to this form.  The separate sheet to this form.  The separate sheet to this form.  The separate sheet to this form. | ır spouse is not filing w  | ith you, do not include informa<br>ional pages, write your name ar | tion about your spo<br>nd case number (if k | use. If more space is needed,<br>known). Answer every question. |
|             | information.  |                            | Debtor 1   | _   | or non-filing spouse  |
|             | If you have more than one job,<br>attach a separate page with<br>information about additional   | Employment status          | <ul><li>■ Employed</li><li>□ Not employed</li></ul>                | ■ Emplo                                     |   |
|             | employers.  | Occupation                 | Self-Employed  | QMHP  |   |
|             | Include part-time, seasonal, or self-employed work.   | Employer's name            | Self Employed  | Good N                                      | eighbor Holdings  |
|             | Occupation may include student or homemaker, if it applies.   | Employer's address         |  | Ste 601                                     | oulders View Dr<br>nd, VA 23225                                 |
|             |   | How long employed t        | here?  | 0   | 4/2019  |
| Pa          | rt 2: Give Details About Mo   | nthly Income               |  |   |   |
|             | imate monthly income as of the douse unless you are separated.  | ate you file this form. If | you have nothing to report for any                                 | / line, write \$0 in the                    | space. Include your non-filing                                  |
|             | ou or your non-filing spouse have m<br>re space, attach a separate sheet to   |                            | ombine the information for all emp                                 | ployers for that perso                      | n on the lines below. If you need                               |
|             |   |                            |  | For Debtor 1                                | For Debtor 2 or non-filing spouse                               |

**List monthly gross wages, salary, and commissions** (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 0.00 2,990.00 2. 0.00 Estimate and list monthly overtime pay. +\$ 0.00 +\$ 3. Calculate gross Income. Add line 2 + line 3. \$ 0.00 2,990.00

Schedule I: Your Income Official Form 106I page 1

| Deb<br>Deb | tor 1<br>tor 2 | Carlos Anthony Wilkins<br>Shakara Sharnae Wilkins   | _               | Cas        | se number ( <i>if known</i> ) | 1   | 9-33561-K                  | RH     |          |
|------------|----------------|---|-----------------|------------|-------------------------------|-----|----------------------------|--------|----------|
|            |                |   |                 | F          | or Debtor 1                   |     | For Debtor<br>non-filing s |        |          |
|            | Сор            | y line 4 here   | 4.              | \$         | 0.00                          | _   |                            | 990.00 |          |
| 5.         | List           | all payroll deductions:   |                 |            |                               |     |                            |        |          |
|            | 5a.            | Tax, Medicare, and Social Security deductions   | 5a.             | \$         | 0.00                          | !   | \$                         | 346.99 |          |
|            | 5b.            | Mandatory contributions for retirement plans  | 5b.             | \$         | 0.00                          |     | \$                         | 0.00   | -        |
|            | 5c.            | Voluntary contributions for retirement plans  | 5c.             | \$         | 0.00                          | :   | \$                         | 0.00   | •        |
|            | 5d.            | Required repayments of retirement fund loans  | 5d.             | \$         | 0.00                          |     | \$                         | 0.00   |          |
|            | 5e.            | Insurance   | 5e.             | \$         | 0.00                          |     | \$                         | 0.00   |          |
|            | 5f.            | Domestic support obligations  | 5f.             | \$         | 0.00                          |     | \$                         | 0.00   |          |
|            | 5g.<br>5h.     | Union dues Other deductions. Specify:   | 5g.<br>5h.+     | \$<br>- \$ | 0.00                          | + 5 | \$                         | 0.00   | :        |
| ^          |                | • • —   | _               | •          |                               |     |                            |        |          |
| 6.         |                | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.  | 6.              | \$         | 0.00                          |     |                            | 346.99 | -        |
| 7.         |                | culate total monthly take-home pay. Subtract line 6 from line 4.  | 7.              | \$         | 0.00                          | ,   | \$2,                       | 643.01 |          |
| 8.         | List<br>8a.    | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a.             | \$         | 475.25                        |     | \$                         | 0.00   |          |
|            | 8b.            | Interest and dividends  | 8b.             | \$         | 0.00                          |     | \$                         | 0.00   | •        |
|            | 8c.            | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  | <b>t</b><br>8c. | \$         | 0.00                          |     | \$                         | 0.00   |          |
|            | 8d.            | Unemployment compensation   | 8d.             | \$         | 0.00                          | :   | \$                         | 0.00   | •        |
|            | 8e.            | Social Security   | 8e.             | \$         | 0.00                          | ,   | \$                         | 0.00   | -        |
|            | 8f.            | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:          | e<br>8f.        | \$         | 0.00                          | :   | \$                         | 0.00   |          |
|            | 8g.            | Pension or retirement income  | 8g.             | \$         | 0.00                          | ,   | \$                         | 0.00   |          |
|            | 8h.            | Federal and State Tax Refunds   | 8h.+            | - \$       | 192.00                        |     | ¢                          | 0.00   |          |
|            | OII.           | Other monthly income. Specify: Amortized Anticipated Increase in Income   |                 | . s        | 2,000.00                      |     | \$                         | 0.00   |          |
|            |                | Mother's Contribution   | _               | \$         | 0.00                          |     | ·                          | 200.00 | -        |
| 9.         | Add            | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  | 9.              | \$_        | 2,667.25                      | :   | \$                         | 200.00 | <u> </u> |
| 10.        |                | culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  | 10. \$          |            | 2,667.25 + \$                 |     | 2,843.01                   | = \$   | 5,510.26 |
| 11.        | Inclu<br>othe  | e all other regular contributions to the expenses that you list in <i>Schedule</i> ude contributions from an unmarried partner, members of your household, your friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not cify:     | r depen         |            | •                             |     |                            |        | 0.00     |
| 12.        |                | the amount in the last column of line 10 to the amount in line 11. The relet that amount on the Summary of Schedules and Statistical Summary of Certaines   |                 |            |                               |     |                            | \$     | 5,510.26 |
| 13.        | Do y           | you expect an increase or decrease within the year after you file this form No.   | 1?              |            |                               |     |                            |        | y income |
|            |                | Yes. Explain:   |                 |            |                               | _   |                            |        |          |

|            | n this informa                                | ation to identify yo                                    | our caca:        |  |                       |             |                                     |   |
|------------|---|---|------------------|--|-----------------------|-------------|-------------------------------------|---|
|            |   |   |                  |  |                       | 0.1         |                                     |   |
| Debt       | tor 1   | Carlos Antho  | ony Wilki        | ns   |                       | Ch          | neck if this is:  An amended filing | 7   |
| Debt       | tor 2   | Shakara Sha   | ırnae Will       | kins   |                       |             | A supplement sho                    | owing postpetition chapter                              |
| (Spo       | ouse, if filing)                              |   |                  |  |                       |             | 13 expenses as c                    | of the following date:                                  |
| Unite      | ed States Bank                                | ruptcy Court for the                                    | : EASTE          | RN DISTRICT OF VIRGIN  | IIA                   |             | MM / DD / YYYY                      |   |
| Case       | e number 1                                    | 9-33561-KRH   |                  |  |                       |             |                                     |   |
| (If kr     | nown)   |   |                  |  |                       |             |                                     |   |
| Of         | ficial Fo                                     | orm 106J  |                  |  |                       |             |                                     |   |
|            |   | J: Your   | Exper            | ises   |                       |             |                                     | 12/1  |
| Be a info  | as complete<br>rmation. If n<br>nber (if know | and accurate as   | possible.        | If two married people ar<br>ch another sheet to this         |                       |             |                                     |   |
| Part<br>1. | 11: Desc<br>Is this a joi                     | ribe Your House   | hold             |  |                       |             |                                     |   |
| ٠.         | □ No. Go to                                   |   |                  |  |                       |             |                                     |   |
|            | _   | es Debtor 2 live i                                      | in a separa      | ate household?   |                       |             |                                     |   |
|            | ■ N   |   | st file Offici   | al Form 106J-2, <i>Expenses</i>                              | s for Separate House  | ehold of De | ebtor 2.                            |   |
| 2.         |   | e dependents?   | □ No             | , ,  | ,                     |             |                                     |   |
|            | Do not list Debtor 2.                         | •   | Yes.             | Fill out this information for each dependent                 | Dependent's relation  |             | Dependent's age                     | Does dependent live with you?                           |
|            |   | th  |                  | ·  |                       |             |                                     | □ No  |
|            | Do not state<br>dependents                    |   |                  |  | Son                   |             | 8                                   | ■ Yes   |
|            |   |   |                  |  |                       |             |                                     | □ No  |
|            |   |   |                  |  | Daughter              |             | 12                                  | ■ Yes   |
|            |   |   |                  |  | Father                |             | 51                                  | □ No<br>■ Yes   |
|            |   |   |                  |  |                       |             |                                     | _   |
| _          | _   |   |                  |  | Mother                |             | 61                                  | ■ Yes   |
| 3.         | expenses of                                   | penses include<br>of people other the<br>d your depende | han $_{\square}$ | No<br>Yes  |                       |             |                                     |   |
| exp        | imate your e                                  | a date after the l                                      | our bankru       | uptcy filing date unless y                                   |                       |             |                                     | napter 13 case to report<br>of the form and fill in the |
| the        |   | h assistance an   |                  | government assistance i<br>cluded it on <i>Schedule I:</i> \ |                       |             | Your ex                             | penses  |
| 4.         |   | or home owners  |                  | ses for your residence. I<br>r lot.                          | nclude first mortgage | e<br>4.     | \$                                  | 1,263.00  |
|            | If not include                                | ded in line 4:  |                  |  |                       |             |                                     |   |
|            | 4a. Real                                      | estate taxes  |                  |  |                       | 4a.         | \$                                  | 0.00  |
|            | 4b. Prope                                     | erty, homeowner's                                       |                  |  |                       | 4b.         |                                     | 0.00  |
|            |   | e maintenance, re<br>eowner's associat                  |                  | ipkeep expenses<br>dominium dues                             |                       | 4c.<br>4d.  | ·                                   | 100.00<br>0.00  |

5. \$

0.00

Additional mortgage payments for your residence, such as home equity loans

# Case 19-33561-KRH Doc 7 Filed 07/09/19 Entered 07/09/19 14:12:00 Desc Main Document Page 14 of 22

| Debi         |   | Carlos Anthony Wilkins<br>Shakara Sharnae Wilkins            |              | nber (if known) | 19-33561-KRH |
|--------------|---|--|--------------|-----------------|--------------|
| 6.           | Itilities:  |  |              |                 |              |
|              | 6a. Electricity, heat   | i, natural gas   | 6a.          | \$              | 225.00       |
|              | 6b. Water, sewer, g   | garbage collection   | 6b.          | \$              | 0.00         |
|              | 6c. Telephone, cell   | phone, Internet, satellite, and cable services               | 6c.          | \$              | 200.00       |
|              | 6d. Other. Specify:   |  | 6d.          | \$              | 0.00         |
| 7.           | Food and housekeep  | ping supplies  | 7.           | \$              | 850.00       |
| 8.           | Childcare and children's education costs  |  | 8.           | \$              | 150.00       |
| 9.           | Clothing, laundry, ar   | nd dry cleaning  | 9.           | \$              | 125.00       |
| 10.          | Personal care produ   | cts and services   | 10.          | \$              | 150.00       |
| 11.          | Medical and dental e  | expenses   | 11.          | \$              | 145.00       |
| 12.          | •   | nsportation. Include gas, maintenance, bus or train fare.    |              | \$              | 300.00       |
| 40           | Do not include car pay  |  | 12.          |                 |              |
|              |   | s, recreation, newspapers, magazines, and books              | 13.          | ·               | 150.00       |
|              | charitable contributions and religious donations  |  | 14.          | \$              | 200.00       |
| 15.          | <b>nsurance.</b><br>Do not include insurance deducted from your pay or included in lines 4 or 20.   |  |              |                 |              |
|              | 15a. Life insurance   | nce deducted from your pay of included in lines 4 of 20.     | 15a.         | \$              | 28.00        |
|              | 15b. Health insurance   | 20   | 15a.<br>15b. | ·               | 0.00         |
|              | 15c. Vehicle insuran  |  | 15b.<br>15c. | ·               | -            |
|              |   |  | 15d.<br>15d. |                 | 326.00       |
| 16           | 15d. Other insurance  | e taxes deducted from your pay or included in lines 4 or 20  |              | Φ               | 0.00         |
| 10.          | Specify: Personal   |  | ).<br>16.    | \$              | 73.00        |
| 17.          | Installment or lease  |  |              |                 |              |
|              | 17a. Car payments f   |  | 17a.         | \$              | 0.00         |
|              | 17b. Car payments f   |  | 17b.         | \$              | 0.00         |
|              | 17c. Other. Specify:  |  | 17c.         | \$              | 0.00         |
|              | 17d. Other. Specify:  |  | 17d.         | \$              | 0.00         |
| 18.          | Your payments of alimony, maintenance, and support that you did not report as  deducted from your pay on line 5. Schedule I. Your Income (Official Form 106).  18. \$ 0.00  |  |              |                 |              |
| 19.          | deducted from your pay on line 5, Schedule I, Your Income (Official Form 106 Other payments you make to support others who do not live with you.  |  |              | \$              | 0.00         |
| Specify: 19. |   |  |              |                 | <u> </u>     |
| 20.          | other real property expenses not included in lines 4 or 5 of this form or on Schedule 1: Your Income.   |  |              |                 |              |
|              | 20a. Mortgages on c   |  | 20a.         |                 | 0.00         |
|              | 20b. Real estate tax  | es   | 20b.         | \$              | 0.00         |
|              | 20c. Property, home   | eowner's, or renter's insurance                              | 20c.         | \$              | 0.00         |
|              | 20d. Maintenance, re  | epair, and upkeep expenses                                   | 20d.         | \$              | 0.00         |
|              | 20e. Homeowner's a  | association or condominium dues                              | 20e.         | \$              | 0.00         |
| 21.          | Other: Specify: Mi  | iscellaneous Expenses  | 21.          | +\$             | 150.00       |
| 22           | Calculate your mont   | hly evnences   |              |                 |              |
| 22.          | 22a. Add lines 4 throu  | · ·  |              | \$              | 4,435.00     |
|              |   | onthly expenses for Debtor 2), if any, from Official Form 10 | ne I-2       | \$              | 4,433.00     |
|              |   |  |              | ·               | 4.405.00     |
|              | 22c. Add line 22a and 22b. The result is your monthly expenses.   |  |              | \$              | 4,435.00     |
| 23.          | •   | lculate your monthly net income.                             |              |                 |              |
|              |   | our combined monthly income) from Schedule I.                | 23a.         |                 | 5,510.26     |
|              | 23b. Copy your monthly expenses from line 22c above.  |  | 23b.         | -\$             | 4,435.00     |
|              | 23c. Subtract your monthly expenses from your monthly income.  The result is your <i>monthly net income</i> .   |  | 23c.         | \$              | 1,075.26     |
| 24.          | Do you expect an increase or decrease in your expenses within the year after you file this form?  For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?  No.  Yes.  Explain here: |  |              |                 |              |
|              | ☐ Yes.   Exp  | nam nere.  |              |                 |              |

Advanced Surgical Partners  $\square 2018 \; \text{W} \; \text{Broad St}$  Henrico, VA 23233

AIS Portfolio Services, L.P. Attn: Capital One Auto Finance 4515 N Santa Fe Ave Dept. APS Oklahoma City, OK 73118

American First Finance 3515 N Ridge Road # 200 Wichita, KS 67205

Ascension Capital Group Att: Capital One Auto Finance P.O. Box 165028 Irving, TX 75016

Atlantic Credit & Finance Re: Bankruptcy P.O. Box 13386 Roanoke, VA 24033-3386

Bako Pathology Services P.O. Box 6039 Falmouth, ME 04105

Bank of America Re: Bankruptcy PO Box 790087 Saint Louis, MO 63179

Capital One P.O. Box 30281 Salt Lake City, UT 84130

Capital One Auto Finance Attn: Bankruptcy Department P.O. Box 260848 Plano, TX 75026-0848

CashNet USA 175 West Jackson Suite 1000 Chicago, IL 60604 Citibank Visa Attn: Bankruptcy Dept. PO Box 142319 Irving, TX 75014-2319

City of Chesapeake Re: Bankruptcy P.O. Box 16495 Chesapeake, VA 23328-6495

City of Richmodn Parking OI Bix 101696 Atlanta, GA 30392

City of Richmond - Parking 3721 Westerre Parkway Suite A Henrico, VA 23233

City of Richmond - Parking Enf P.O. Box 26505 Richmond, VA 23261-6505

City of Richmond - TAX 900 E. Broad Street. Room 107 Richmond, VA 23219

CJW Medical Center PO Box 13620 Richmond, VA 23225

Comenity Bank/EXPRESS Attn: Bankruptcy Dept P.O. Box 182789 Columbus, OH 43218-2789

County of Henrico Treasury Division P.O. Box 90775 Henrico, VA 23273-0775

Credit One Bank
P.O. Box 98873
Las Vegas, NV 89193-8873

Dept of Ed/Navient PO Box 9635 Wilkes Barre, PA 18773

Dept Of Ed/Nelnet 121 S 13Th Street Lincoln, NE 68508

Dr. E. Alexander White 5500 Whiteside Rd, Sandston, VA 23150

Durham & Durham, L.L.P. Re: Bankruptcy 5665 New Northside Drive, #510 Atlanta, GA 30328-4649

Elizabeth River Tunnels 700 Port Centre Pkwy, Ste 2B Portsmouth, VA 23704-5901

First Data
Re: Bankruptcy
4000 Coral Ridge Road
Coral Springs, FL 33065

First Premier Bank Attn: Bankruptcy Dept. PO Box 5524 Sioux Falls, SD 57117-5524

First Source Advantage Po Box 628 Buffalo, NY 14240

Foxboro Downs HOA c/o Community Group 3901 Westerre Pkwy #100 Henrico, VA 23233

Gastrointestinal Specialists 2369 Staples Mill Road Ste 200 Richmond, VA 23230

Glasser & Glasser, P.L.C. Crown Center Building 580 E. Main Street, #600 Norfolk, VA 23510

Guarino Chiropractic Center 10148 West Broad Street #101 Glen Allen, VA 23060

Henrico Doctor's Hospital Attn: Legal Dept. P.O. Box 13620 Richmond, VA 23225

IC Systems Collections PO Box 64378 Saint Paul, MN 55164-0378

James River Emergency Group Mailstop: 43809623 P.O. Box 660827 Dallas, TX 75266-0827

Labcorp Re: Bankruptcy Dept. PO Box 2240 Burlington, NC 27216

LCA Collections Re: LabCorp 1250 Chapel Hill Road Burlington, NC 27215

Loan Max Re: Bankruptcy 4802 S. Laburnum Avenue Richmond, VA 23231

Loan Max - Bkry Ntc Attn: Natalie Dubose 3440 Preston Ridge Rd., #500 Alpharetta, GA 30005

LVNV Funding LLC PO Box 10584 Greenville, SC 29603-0587 MCV Physicians 1601 Willow Lawn Dr Ste 275 Richmond, VA 23230

MCV Physicians Billing Office RE: Bankruptcy PO Box 91747 Richmond, VA 23291-1747

Mepco Finance Corp PO Box 5978 Carol Stream, IL 60197

Nationwide Credit Corp. 5503 Cherokee Ave., #200 Alexandria, VA 22312

OrthoVirginia P.O. Box 35725 Richmond, VA 23235-0725

Patient First Re: Bankruptcy PO Box 758941 Baltimore, MD 21275-8941

Patient First Attn: Patient Accounts 5000 Cox Road, Suite 100 Glen Allen, VA 23060

Pediatric Center Inc Re: Bankruptcy 10571 Telegraph Rd., Ste. 110 Glen Allen, VA 23059

Penn Credit Corp 916 14th Street Harrisburg, PA 17104

Peritus Portfolio Services Re: Westlake Financial Service PO Box 141419 Irving, TX 75014-1419 Peroutka, Miler, Klima & Pete 8028 Ritchie Hwy Ste 300 Pasadena, MD 21122

PHG Johnston-Willis Re: Bankruptcy P.O. Box 281814 Atlanta, GA 30384-1814

Pocahontas 895 PO Box 7693 Henrico, VA 23231

Premier Healthcare Associates RE: Bankruptcy 7702 Parham Road; Suite 101 Richmond, VA 23294-4375

Professional Account Managemen PO BOX 37038 Washington, DC 20013-7145

Professional Account Managemen PO Box 1157 Milwaukee, WI 53201

Progressive Leasing 11629 S. 700 E. Suite 100 Draper, UT 84020

Public Library of Henrico Attn: Bankruptcy 1001 N. Laburnum Avenue Richmond, VA 23223

QVC

Attn: Bankruptcy Department Studio Park West Chester, PA 19380-4362

Radiology Assoc. of Richmond 2602 Burford Rd. Richmond, VA 23235

Richmond Metropolitan Transit 919 E. Main Street #600 Richmond, VA 23219

Solodar & Solodar Re: Bankruptcy 4825 Radford Ave., Suite 201 Richmond, VA 23230-3532

Sprint
Attn: Bankruptcy Dept
PO. Box 7949
Overland Park, KS 66207-0949

St. Mary's Hospital Attn: Bankruptcy Dept P.O. Box 100767 Atlanta, GA 30384-0767

SYNCB/JCPennys PO Box 965007 Orlando, FL 32896

Synchrony Bank c/o PRA Receivables Management P.O. Box 41021 Norfolk, VA 23541

The Podiatry Center 7406 Brook Road Richmond, VA 23227-1817

TransWorld System PO Box 15273 Wilmington, DE 19850

Union Bank & Trust Attn: Bankruptcy Dept P.O. Box 940 Ruther Glen, VA 22546

VCU Health System PO Box 980462 Richmond, VA 23298

VDOT c/o Violation Processing Ctr P.O. Box 1234 Clifton Forge, VA 24422

Verizon 500 Technology Drive Suite 550 Saint Charles, MO 63304-2225

Virginia Dept of Taxation P.O. Box 2156 Richmond, VA 23218

Virginia Family Dentistry, PC 1612 Huguenot Rd. Midlothian, VA 23113

Wells Fargo Merchant Services PO Box 17548 Denver, CO 80217

West End Dermatology 3811 Gaskins Road Henrico, VA 23233

Westlake Financial Services Re: Bankruptcy P.O. Box 54807 Los Angeles, CA 90054-0807

Yvonne Knight, MD, PC Re: Bankruptcy 3811 Gaskins Road Richmond, VA 23233-1436